

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043969

318

1003

11422

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 30 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5214 Maple

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First William Middle Betts Last

4. DATE OF DEATH

Month 11 Day 24 Year 62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/1/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR INDUSTRY

Landers Machine Co.

11. BIRTHPLACE (City and state or country)

Miss. U. S. A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Betts

13b. MOTHER'S MAIDEN NAME

Joanna Williams

14. NAME OF HUSBAND OR WIFE

Sallie Betts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sallie Betts 5214 Maple Avenue

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acidosis

INTERVAL BETWEEN ONSET AND DEATH

Undet.

DUE TO (b)

Fulminating Pyelonephritis

DUE TO (c)

6000

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-23-62 to 11-24-62 and last saw him alive on 11-24-62

Death occurred at 12:10 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. B. H. Hensford M.D.

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

11-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

G. B. Hensford 2221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

NOV 27 1962

26. REGISTRAR'S SIGNATURE

Lead Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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DATE AMENDED

7-2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William Blackburn*

Licensed Embalmer No.

3962

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.